

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.	FILING DATE					
							101543118						
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT			AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					51							
2	1					52							
3	2					53							
4	2					54							
5	1					55							
6	1					56							
7	1					57							
8	0					58							
9	0					59							
10	0					60							
11	0					61							
12	0					62							
13	0					63							
14	0					64							
15	1					65							
16			1			66							
17			1			67							
18			1			68							
19			1			69							
20			1			70							
21			1			71							
22			1			72							
23			1			73							
24			1			74							
25			1			75							
26			1			76							
27			1			77							
28			1			78							
29			1			79							
30			1			80							
31			1			81							
32			1			82							
33			1			83							
34			1			84							
35						85							
36						86							
37						87							
38						88							
39						89							
40						90							
41						91							
42						92							
43						93							
44						94							
45						95							
46						96							
47						97							
48						98							
49						99							
50						100							
TOTAL IND.	1		2										
TOTAL DEP.	15	←	18	←	←								
TOTAL CLAIMS	16		20										